



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## **IMPORTANT NOTICE**

June 1, 2011

Dear WIC Vendor:

Enclosed please find the 2011 Maryland WIC Program Vendor Manual. The Vendor Manual is a resource for information, relevant to you as a WIC Authorized Vendor. Please be aware of some important changes that affect the procedures you now follow.

The procedures for requesting reimbursement for WIC checks that have been rejected for payment have been revised. Attached are instructions for requesting reimbursement, the Check Reimbursement Cover Sheet (DHMH 4295-A), and the Check Exceeding Maximum Amount form (DHMH 4295-B). Please review the instructions to become familiar with them. The forms and the instructions are also available online at [www.mdwic.org](http://www.mdwic.org) in the Vendor Section under Food List, Price List, and Misc. Forms.

Also attached is a flyer to help your cashiers and your WIC customers remember that the Gerber infant vegetables and fruit 2-pack, if purchased with a WIC check counts as two containers. We have seen an increase in the number of rejected WIC checks for infant food due to cashiers allowing twice the amount of infant vegetables and fruit to be purchased. We have also added a new watermark that reads, "a 2-pack = 2 containers," for emphasis.

If you have any questions about the 2011 WIC Vendor Manual or any other vendor-related issue, please contact James A. Butler at 410-767-5258, Siwon Lee at 410-767-5433, or Tiasha Taylor at 410-767-3519. You may also reach us toll-free at 1-800-242-4WIC (4942)

Sincerely,

Jacqueline Marlette-Boras, MHS, RD, LDN, Director  
Maryland WIC Program

cc: WIC Local Agencies



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## 공지사항

June 1, 2011

WIC 사업자 께:

2011 년 메릴랜드 WIC 프로그램 사업자 메뉴얼이 동봉되어있습니다. 사업자 메뉴얼은 WIC 승인 사업자에게 필요한 정보를 제공합니다. 특히 변경사항에 주의하시기 바랍니다.

지불거부된 체크의 상환요청 절차가 변경되었습니다. 변경된 상환요청 안내와 함께 Check Reimbursement Cover Sheet (DHMH 4295-A), Check Exceeding Maximum Amount form (DHMH 4295-B)가 첨부되어있습니다. 양식 및 안내서는 [www.mdwic.org](http://www.mdwic.org)에서도 다운가능합니다.

더블 팩 Gerber 유아 이유식에 대한 안내서가 첨부되어있습니다. 더블 팩 제품은 구입시 2개로 계산하셔야 합니다. 최근 이로인한 지불거부 건이 증가하고있습니다. 주의가 요구됩니다. 혼란을 줄이기 위해 "a 2-pack = 2 containers"란 워터마크가 체크에 추가되었습니다.

기타 문의사항은 James A. Butler 410-767-5258, Siwon Lee 410-767-5433, Tiasha Taylor 410-767-3519 혹은 1-8000-242-4WIC(4942)으로 연락 바랍니다.

Sincerely,

Jacqueline Marlette-Boras, MHS, RD, LDN, Director  
Office of the Maryland WIC Program

cc: WIC Local Agencies

## **WIC Check Reimbursement Instructions**

On the next page is the Check Reimbursement Form. Please make copies of the form to use in the future. The forms are also available online at [www.mdwic.org](http://www.mdwic.org).

Complete the form by supplying the following information:

- ✓ Store Name - Your complete store name including store number if applicable.
- ✓ Address - The complete street address of your store.
- ✓ City/State/Zip - The complete city, state and zip code of your store.
- ✓ Contact person - The person WIC should contact if a question arises.
- ✓ Contact phone number - The phone number (including area code) of the contact person.
- ✓ Signature - The person submitting the WIC checks signs here.
- ✓ WIC ID# - Write or stamp your WIC identification number here. This is the same number you stamp onto the checks you have accepted.
- ✓ Date - The date you are submitting the WIC checks.
- ✓ Total number of checks for which reimbursement is requested - Total number of checks you are submitting for which you are requesting reimbursement. Do not include checks you are sending for which you are not requesting reimbursement.

**Mail the form to:**

Maryland WIC Program  
201 W. Preston Street, 1<sup>st</sup> Floor  
Baltimore, MD 21201  
Attn: Sharon Gibbs

**Checks submitted without the required forms will be returned to the vendor. If this occurs, you are still required to resubmit them with the appropriate forms within 45 days from the last date to spend.**





## Maryland WIC Program Check Reimbursement Cover Sheet

TO: Maryland WIC Program  
201 W. Preston Street, 1<sup>st</sup> floor  
Baltimore, MD 21201

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
Store Name

\_\_\_\_\_  
WIC Vendor ID #

\_\_\_\_\_  
Contact Person Name (Printed)

\_\_\_\_\_  
Contact Person Phone Number

**Checks that have not been deposited and rejected by the bank will be returned to vendor.**

Some checks rejected by the bank may be submitted to the State WIC Office for review. Please refer to the rejected reasons listed below to determine if your checks can be submitted for review.

**Checks with the following rejected reasons may be sent to the State WIC Office for review:**

Rejected Reason:	Before submitting to State WIC, the vendor must:
Deposited Past 30 Days from Last Date to Spend	Submit to State WIC Within 45 Days of Last Date to Spend
Exceeds Maximum Value*	Attach Form 4295-B (Request for Payment for Check Exceeding Max)
Illegible Vendor Stamp	Re-Stamp Checks with Vendor Stamp
Missing Signature	Obtain Signature of Participant/Proxy by calling the local WIC office
Missing Vendor Stamp	Stamp Checks with Vendor Stamp
Payment Amount Altered Incorrectly	
Payment Amount is Missing	Enter Payment Amount
Price Correction Signature Missing/Mismatched	Obtain Signature of Participant/Proxy by calling the local WIC office

\* Fruits and Vegetables checks may be submitted without attaching Form 4295-B. The State WIC Office will pay the dollar amount printed on the check – such as \$6.00, \$10.00, or \$15.00

**WIC WILL NOT PAY checks with the following rejected reasons:**

- Altered Item
- Previously Paid
- Unauthorized Vendor
- Used Before 1st Date to Spend
- Used After Last Date to Spend
- Checks that have not been deposited in the bank

Enter the total # of checks submitted for all of your stores for reimbursement: \_\_\_\_\_  
(Required)

If you have any questions, please contact **Ms. Sharon Gibbs** at 410-767-5241.



**Maryland WIC Program  
Request for Reimbursement  
Check Exceeding Maximum Amount**

To: Maryland WIC Program

Date: \_\_\_\_\_

FROM: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_  
NAME STORE NAME VENDOR ID#

CHECK # \_\_\_\_\_ REQUESTED AMOUNT \$ \_\_\_\_\_

PLEASE ENTER THE INFORMATION BELOW FOR ITEMS THAT HAVE BEEN PURCHASED.

<u>ITEM:</u>	<u>SIZE:</u>	<u>QTY:</u>	<u>PRICE:</u>
DRY AND CANNED BEANS	_____	_____	\$ _____
WIC CEREAL	_____ OZ OR LESS	_____	\$ _____
INFANT FRUIT & VEGETABLES	4 OZ	_____	\$ _____
INFANT MEATS	2.5 OZ	_____	\$ _____
KOSHER INFANT MEATS	2.5 OZ	_____	\$ _____
GERBER INFANT CEREAL	8 OZ.	_____	\$ _____
EGGS	1 DOZEN	_____	\$ _____
CHEESE			44649224
DOMESTIC	_____ OZ OR LESS	_____	\$ _____
KOSHER	_____ OZ OR LESS	_____	\$ _____
JUICE	_____	_____	\$ _____
MILK			
EVAPORATED	12 OZ. CAN	_____	\$ _____
FLUID	_____	_____	\$ _____
KOSHER	_____	_____	\$ _____
LACTOSE REDUCED	_____	_____	\$ _____
UHT	_____	_____	\$ _____
PEANUT BUTTER	_____ OZ OR LESS	_____	\$ _____
100% WHOLE WHEAT BREAD			
BROWN RICE SOFT CORN/WHOLE			
WHEAT TORTILLAS			\$ _____
TUNA, SALMON, OR SARDINES			\$ _____
FORMULA (ENTER TYPE, SIZE, QUANTITY, AMOUNT)			\$ _____

GRAND TOTAL \$ \_\_\_\_\_

Do not submit this form for Fruit and Vegetable checks rejected for "Over Max \$ Amount"

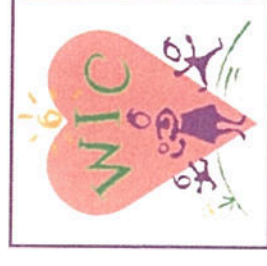
STAPLE CHECK HERE

# IMPORTANT REMINDER!

If you purchase the Gerber 2-Pack with your infant vegetables and fruit WIC checks, each package contains **two** 3.5 ounce containers and are counted as two packages.

**Example:** If your WIC checks allow you to purchase sixteen 3.5 – 4.0 ounce containers of any brand of infant vegetables and fruit, you may purchase eight **(8)** of the Gerber 2-packs.

If you have questions, please contact your Local WIC Agency  
or call 1-800-242- 4WIC(4942)



USDA prohibits discrimination in all of its programs

*Better Nutrition Choices for a Brighter Future*



# ¡INFORMACIÓN IMPORTANTE!

Si usted compra con los cheques WIC de su bebé, frutas y vegetales Gerber 2-Pack, cada uno contiene dos envases de 3.5 onzas y se cuentan como un paquete de dos.

**Ejemplo:** Si sus cheques WIC le permiten comprar diez y seis envases de 3.5 – 4.0 onzas de cualquier marca de vegetales y frutas para bebé, usted puede comprar (8) paquetes de la marca Gerber 2-packs.

Si tiene alguna pregunta, por favor llame a su Agencia Local WIC  
ó llame al 1-800-242- 4WIC(4942)



USDA prohíbe la discriminación en la administración de sus programas

Mejor Nutrición para un Futuro Más Brillante